



**JON S. CORZINE**  
Governor

## *New Jersey Office of the Attorney General*

Division of Consumer Affairs  
Fire Alarm, Burglar Alarm and Locksmith Advisory Committee  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102



**ZULIMA V. FARBER**  
Attorney General

**Stephen B. Nolan**  
Acting Director

**Mailing Address:**  
P.O. Box 45042  
Newark, NJ 07101  
(973) 504-6245

### **ALARM**

### **IMPORTANT**

To: Applicant

From: Fire Alarm, Burglar Alarm & Locksmith Advisory Committee

Re: Certification and Authorization Form

The Division of Consumer Affairs is required to conduct criminal history record background checks of all applicants for burglar alarm, fire alarm and locksmith licensure (N.J.S.A. 45:5A-26 and 35). In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to:

Fire Alarm, Burglar Alarm and Locksmith Advisory Committee  
PO Box 45042  
Newark, New Jersey 07101

Upon receipt of a completed application form and the Certification and Authorization Form, the board will forward to you information you will need to schedule an appointment to have your fingerprints electronically recorded by Sagem Morpho, Inc. The recording of your fingerprints is necessary to conduct the criminal history record background check. Please note that you will be required to pay a \$78.00 fee to Sagem Morpho; **do not** send this fee when returning your form to the address above.

Enclosure

**Official Use Only**☐ Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number

**New Jersey Office of the Attorney General**

Division of Consumer Affairs

Board of Examiners of Electrical Contractors

Fire Alarm, Burglar Alarm and Locksmith

Advisory Committee

P.O. Box 45042

Newark, New Jersey 07101

(973) 504-6245

**Official Use Only**☐ Resubmit

Board or Committee

**ALARM  
APPLICANT****CERTIFICATION AND AUTHORIZATION FORM  
FOR A CRIMINAL HISTORY BACKGROUND CHECK****Directions:** Answer all of the questions on this form and sign it in the presence of a notary public.☐ Mr.☐ Mrs.1. Name ☐ Ms. \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle Maiden Name2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female  
Month Day Year

4. Social Security number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.

If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_  
Board or committee requiring the fingerprinting\_\_\_\_\_  
Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs**, you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. The fee for this background check will be \$33.00. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_  
County of: \_\_\_\_\_ } ss.

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public





**JON S. CORZINE**  
Governor

## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
Fire Alarm, Burglar Alarm and Locksmith Advisory Committee  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102

<http://www.njconsumeraffairs.gov/nonmedical/firealarm.htm>



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### **APPLICATION FOR AN ALARM LICENSE THROUGH EXAMINATION N.J.A.C. 13:31A-3.1**

#### **INSTRUCTIONS TO APPLICANTS**

##### **GENERAL INFORMATION**

An individual who applies for both a fire alarm license and a burglar alarm license must file separate applications. Indicate at the top of the application whether you are applying for a **burglar alarm** license or a **fire alarm** license.

The non-refundable application fee must be paid in the form of a check or money order payable to the STATE OF NEW JERSEY. The application fee for the first alarm license application is \$150.00. The application fee for a second alarm license application is \$100.00.

The application must be neatly printed or typewritten. All sections of the application must be fully completed before the application can be processed. If the application is not of sufficient size to furnish the required information, a supplemental sheet of the same size may be enclosed with the application (Please refer to the section for which you have used the supplemental sheet).

A full-face photograph, two inches by two inches in size, must be signed and dated on the reverse side and attached to the application. Do not staple the photograph to the application.

Fully answer all questions with regard to the Criminal History and Child Support sections of the application. Your application may be delayed or denied should your responses require further review.

The Affidavit section of the application must be executed and signed in the presence of a notary public.

##### **All applicants seeking licensure to engage in the Burglar alarm or Fire alarm business shall:**

1. Be at least 18 years of age;
2. Be of good moral character pursuant to N.J.S.A. 45:5A-27;
3. Not have been convicted of a crime of the first, second or third degree within 10 years prior to the filing of the application for licensure;
4. Not have been convicted of the fourth degree offense of engaging in the unlicensed practice of electrical contracting;
5. Hold a high school diploma or equivalency certificate;

*(continued next page)*

6. Have successfully completed the burglar alarm or fire alarm examination, as applicable to the field in which the applicant is seeking a license, set forth in N.J.A.C. 13:31A-3.2; and

7. Have immediately preceding the submission of the application, at least four years of experience in burglar alarm or fire alarm business, which shall be satisfied by one of the following:

Proof that the applicant has completed at least four years of practical hands-on experience, which shall include a minimum of 6,720 hours, working with tools in the installation, alteration, or repair of wiring for fire alarms, burglar alarms, and/or electronic security systems **and** proof that the applicant has completed 80 hours of technical courses applicable to the field in which the applicant is seeking licensure.

The 80 hours of technical courses shall include:

Two (2) hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7

Two (2) hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode

Two (2) hours of training in the Americans with Disabilities Act Code, 36 C.F.R. §§ 1191

Two (2) hours of training in industrial safety, and

72 hours of training in trade-related subjects; **or**

Proof of having earned a bachelors degree in electrical engineering **and** having completed one year of practical hands-on experience, a minimum of 1,680 hours. The applicant shall submit a copy of his or her diploma and a certification by an employer verifying the applicant's one year of practical hands-on experience; **or**

Proof of having completed a minimum of a one-year course in the study of trade-related electronics at a technical school **and** having completed three years of practical hands-on experience, a minimum of 5,040 hours. The applicant shall submit a copy of his or her diploma or certificate of completion and a certification by an employer(s) verifying the applicant's three years of practical hands-on experience.

8. An applicant who is an employee of an alarm business must submit **one (1)** form for each employer who can certify the applicant's practical experience. An applicant who is an owner of an alarm business must submit **two (2)** forms from other business owners engaged in the alarm industry who can certify the applicant's practical experience. You may make copies of the form as needed.

***Your application will be reviewed by the Advisory Committee once you have satisfied these preliminary requirements.***

### **CRIMINAL HISTORY REVIEW**

***If your application is preliminarily approved you will undergo a Criminal History Background Check.***

All applicants for a license issued by the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee are required to submit to a Criminal History Background Check. Please fully complete the enclosed Certification and Authorization form and return the form with the license application. The form must be fully completed, executed and signed in the presence of a Notary Public and returned to the Advisory Committee office with your application for a license. The Committee will then provide you with instructions on how to obtain fingerprints. Once your fingerprints are submitted to the Criminal History Review Unit, a full review will be performed and a determination will be made as to your eligibility to be licensed.

**ALARM LICENSING EXAMINATION**

A qualified applicant who has satisfactorily completed the criminal history review will be approved to take an alarm licensing examination. The applicant will receive an approval letter from the Advisory Committee and a Candidate Information Bulletin which includes a registration form and instructions about the examination. An applicant must successfully pass all sections of the examination as a prerequisite to receiving a burglar alarm or fire alarm license.

***Information regarding the burglar alarm and fire alarm licensing examinations, including content outlines and subject references, may be found at [www.experioronline.com](http://www.experioronline.com). Once you are at the web site, click exams by state, then click Burglar/Fire Alarm/Locksmith License Exams.***

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



**State of New Jersey**  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
FIRE ALARM, BURGLAR ALARM AND  
LOCKSMITH ADVISORY COMMITTEE  
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45042  
NEWARK, NEW JERSEY 07101  
(973) 504-6245

**For Office Use Only**

**Approved**

By \_\_\_\_\_  
Date \_\_\_\_\_

**Rejected**

By \_\_\_\_\_  
Date \_\_\_\_\_

**Reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Application for an Alarm License through Examination

Indicate the license you are applying for:

- ☐ Burglar Alarm License  
☐ Fire Alarm License

Application date: \_\_\_\_\_  
Month Day Year

A nonrefundable application filing fee of \$150 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Committee maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### Personal Information

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City State

1. Name ☐ Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
☐ Mrs. \_\_\_\_\_  
☐ Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

2. Address

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County  
\_\_\_\_\_  
Telephone number (include area code) E-mail address

☐ Business: \_\_\_\_\_  
Name of company Telephone number (include area code)  
\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. \*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification, or license or certificate renewal.

\*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Committee or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Committee must ascertain the reason that you do not have one. The Committee is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the H.I.P. Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Committee or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Committee or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings.

I, \_\_\_\_\_ ,  
Applicant's signature

☐ Consent ☐ Do Not Consent

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.).

- ☐ U.S. citizen  
☐ Alien lawfully admitted for permanent residence in U.S.  
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the B.C.I.S. at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No  
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No  
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No  
b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No  
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No  
d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of your licensure or certification.

## 7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

**“Ability to practice as an alarm licensee”** is to be construed to include all of the following:

- a. The cognitive capacity to exercise the reasonable judgments of an alarm licensee and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of an alarm licensee, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

**“Chemical substance”** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

**“Illegal use of controlled dangerous substance”** means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*? ☐ Yes ☐ No ☐ Not applicable
- c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

\*\* If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No  
If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
9. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

10. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
11. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Have you ever been named as a defendant in any litigation related to the practice of fire and burglar alarm installation, alteration and repair or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of fire and burglar alarm installation, alteration and repair or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 10 through 16, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended? \_\_\_\_\_

Name of high school

\_\_\_\_\_

Street addressCityStateZIP code

2. What years did you attend high school? \_\_\_\_\_

3. Did you graduate from high school? ☐ Yes ☐ No

If “Yes,” what was the date of your graduation? \_\_\_\_\_

MonthYear

If “No,” did you study to receive a G.E.D. certificate? ☐ Yes ☐ No

If “Yes,” please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

Name of educational institution \_\_\_\_\_

\_\_\_\_\_

Street addressCityStateZIP code

Date certificate was issued \_\_\_\_\_

4. If applicable, provide information about a Bachelor’s Degree in Electrical Engineering that you have earned or a minimum of a one-year course of study which you have completed in trade-related electronics at a technical school. Attach a copy of your diploma, certificate, or official transcript to verify the bachelor’s degree or successful completion of the one year of technical training.

Name and location of college or school	Years	Date graduated or completed
	From _____ To _____	
	From _____ To _____	
	From _____ To _____	

## Experience

## 1. Detailed Statement of Experience

An applicant qualifying to take the Alarm Examination must provide proof of the following:

a) At least four years of practical hands-on experience, a minimum of 6,720 hours, working with tools in the installation, alteration, or repair of wiring for fire alarms, burglar alarms and/or electronic security systems. (Practical hands-on experience shall not include time spent supervising, engaging in the practice of engineering, estimating and performing other managerial tasks relevant to the alarm business.) The applicant must also provide proof of the completion of 80 hours of technical courses on topics specified by the Advisory Committee, applicable to the field in which the applicant is seeking licensure; or

b) Proof of having earned a Bachelor's Degree in Electrical Engineering and one year, a minimum of 1,680 hours, of practical hands-on experience (see previous page re: education); or

c) Proof of having completed a one-year course of study in trade-related electronics at a technical school and three years, a minimum of 5,040 hours, of practical hands-on experience.

<b>Dates</b> Month/Year to Month/Year	Give a detailed account of the hands-on practical experience, required by a), b) or c) above, working with tools in the installation, alteration or repair of wiring for fire alarms, burglar alarms and/or electronic security systems. Attach copies of W2 forms or notarized affidavits from all employers to verify your experience. Use additional sheets of paper if necessary.	
	<b>Employer's name and address</b>	<b>Duties</b>
From _____ To _____		
From _____ To _____		
From _____ To _____		
From _____ To _____		

2. If applicable, as required by a) above, list the 80 hours of technical training which you have successfully completed. Attach copies of certificates held or other documentation to verify the training.

The 80 hours of technical courses shall include two hours of training in the Barrier Free Subcode, N.J.A.C. 5:23-7, two hours of training in the New Jersey Uniform Construction Code, N.J.A.C. 5:23, exclusive of the Barrier Free Subcode, two hours of training in the Americans with Disabilities Act Code, 36 C.F.R. Section 1191, two hours of training in industrial safety, and 72 hours of training in trade-related subjects.

[illegible]

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_ }  
County of: \_\_\_\_\_ } ss.

I, \_\_\_\_\_, in making this application to the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:5A-23 et seq., together with the Rules and Regulations of the Fire Alarm, Burglar Alarm and Locksmith Advisory Committee, N.J.A.C. 13:31A-3.1 et seq., and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

Affix Seal Here

**Fire Alarm, Burglar Alarm & Locksmith Advisory Committee**  
**124 Halsey Street, 6<sup>th</sup> Floor**  
**P.O. Box 45042**  
**Newark, NJ, 07101**

**ALARM LICENSE**  
**CERTIFICATION OF PRACTICAL EXPERIENCE**

**A separate form must be completed for each reference you are submitting with your application for a license**

**Indicate the category of license you are applying for: Fire Alarm \_\_\_\_\_**  
**Burglar Alarm \_\_\_\_\_**

**(Please Print or Type)**

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Name of Reference**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Area Code & Telephone Number of Applicant**

\_\_\_\_\_  
**Area Code & Telephone Number of Reference**

**The applicant stated above has made application for a license issued by the Fire Alarm, Burglar Alarm & Locksmith Advisory Committee and has asked you to certify his/her practical experience.**

How long have you known the applicant? \_\_\_\_\_ years

The applicant **has owned** an alarm business for \_\_\_\_\_ years

**or**

The applicant **has been employed** in the alarm business for \_\_\_\_\_ years

**This Affidavit must be executed before a Notary Public:**

I, \_\_\_\_\_ swear or affirm that all information I have provided herein with regard to the applicant is true to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Reference**

**Sworn or Affirmed and subscribed to before me on \_\_\_\_\_**  
**Date**

\_\_\_\_\_  
**Name of Notary Public**

**Affix Seal Here**

\_\_\_\_\_  
**Signature of Notary Public**